

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	91531	08-4-00
O.I.P.E. CLASSIFIER		=48	8/14/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	W	10303	9-28

① 6/6/00 INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	6/6/00
2	✓	✓	6/6/00
3	✓	✓	6/6/00
4	✓	✓	6/6/00
5	✓	✓	6/6/00
6	✓	✓	6/6/00
7	✓	✓	6/6/00
8	✓	✓	6/6/00
9	✓	✓	6/6/00
10	✓	✓	6/6/00
11	✓	✓	6/6/00
12	✓	✓	6/6/00
13	✓	✓	6/6/00
14	✓	✓	6/6/00
15	✓	✓	6/6/00
16	✓	✓	6/6/00
17	✓	✓	6/6/00
18	✓	✓	6/6/00
19	✓	✓	6/6/00
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21	✓	✓	6/6/00
22	✓	✓	6/6/00
23	✓	✓	6/6/00
24	✓	✓	6/6/00
25	✓	✓	6/6/00
26	✓	✓	6/6/00
27	✓	✓	6/6/00
28	✓	✓	6/6/00
29	✓	✓	6/6/00
30	✓	✓	6/6/00
31	✓	✓	6/6/00
32	✓	✓	6/6/00
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If more than 150 claims or 10 actions
staple additional sheet here

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